

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						61	1
2		1					62	1
3		2					63	1
4							64	1
5		1					65	3
6							66	1
7		1					67	
8		2					68	
9		2					69	
10		1					70	
11		2					71	
12		0					72	
13		0					73	
14							74	
15							75	
16							76	
17							77	
18							78	
19							79	
20							80	
21							81	
22		0					82	
23							83	
24							84	
25	1						85	
26							86	
27							87	
28							88	
29	1						89	
30							90	
31	1						91	
32							92	
33	1						93	
34	1						94	
35							95	
36							96	
37							97	
38	1						98	
39							99	
40	1						100	
41	1							
42	1							
43								
44		0						
45		0						
46								
47								
48		0						
49	1							
50	1							
TOTAL IND.	16						TOTAL IND.	
TOTAL DEP.	57						TOTAL DEP.	
TOTAL CLAIMS	73						TOTAL CLAIMS	